

**WCW-Care Management Collaborative
STAKEHOLDER
STATEMENT OF INTEREST**

Name: _____

Address: _____

County: _____

Phone (home): _____ Phone (work): _____

Please indicate Interested Citizen and/or Organization and Title (if applicable):

Please indicate your interest in the following area(s) of action:

- ☐ **Services for Target Groups**
 - ☐ People with Physical Disabilities
 - ☐ People with Developmental Disabilities
 - ☐ People with Mental Illness
 - ☐ Elders Who Are Frail
 - ☐ Dual Diagnosis
 - ☐ Other _____
- ☐ **Transitions**
 - ☐ Youth to Adult
 - ☐ Age 60 Transition
 - ☐ Living Situation Transitions
 - ☐ Other _____
- ☐ **Self Direction/Self Determination**
- ☐ **Provider Capacity/Networks**
- ☐ **Workforce Issues**
- ☐ **Aging and Disability Resource Center Development**
- ☐ **Care Management Quality Assurance**
- ☐ **Other** _____

Please indicate below why you are interested in participating in the areas that you have indicated. List the skills, qualifications, roles and or perspective that you hope to bring to the group. Please be as specific as possible. If you need more space, please add additional sheets

We are seeking to create a number of ways to obtain ideas and feedback regarding the above areas of development. We hope to identify stakeholders whose knowledge and efforts match the areas of interest listed. Participating individuals will perform in an advisory capacity to WCW-Care Management Collaborative. WCW-Care Management Collaborative will give equal consideration to all who express interest. (However, completion of a Statement of Interest does not guarantee an appointment to any subcommittee.)

Please indicate if you are interested in :

- ☐ Participating as a member of a subcommittee
- ☐ Making yourself available as a resource to provide information and feedback
- ☐ Being notified of meetings and progress
- ☐ Other role (please identify): _____

Please return this form to:
Patricia Malone
UW-Extension
County Government Center
P.O. Box 67
Whitehall, WI 54773

Patricia.malone@ces.uwex.edu

Or
Fax to: 715-538-4210